PAGE 1 / 37

Image# 201605199015543178

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3X F | For Other Than | An Authorized | d Committee | 9 | | Office Use (| Only |
|---|----------------------------------|---------------------------------------|----------------------------------|--|--------------------|--------------------------------|---|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT | | ample: If typing r the lines. | g, type | 12FE4M5 | ; | |
| American Health Care | Association F | olitical Action | n Committe | ee | | | |
| | | | | | | | |
| ADDRESS (number and street) | 1201 L Street, NV | N | | | | | |
| Check if different than previously reported. (ACC) | Washington | | | | DC | 20005 | |
| 2. FEC IDENTIFICATION NU | JMBER ▼ | CITY 🛦 | | | STATE 🛦 | ZII | P CODE A |
| C C00006080 | | 3. IS THIS REPORT | × NE | EW) OR | AI (A | MENDED .) | |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 | (b) Monthly Report Due On: | Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) | Ju | ay 20 (M5) in 20 (M6) il 20 (M7) | Sep | 20 (M8) 20 (M9) 20 (M10) | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) |
| Quarterly Report (C) July 15 Quarterly Report (C) October 15 Quarterly Report (C) January 31 Year-End Report (Y) | (C) 12-Day PRE-E Report | | Primary (12P) Convention (1: | 2C) | General Special | (12S) | Runoff (12R) the tate of |
| July 31 Mid-Year Report (Non-electio Year Only) (MY) Termination Report (TER) | POST- | Election for the: | General (30G) | D | Runoff (| in | Special (30S) In the tate of |
| 5. Covering Period 04 | M / D D / 01 | 2016 | through | 04 | / D D D 30 | 2016 | Y |
| I certify that I have examined th Type or Print Name of Treasure | • | • | wledge and be | elief it is tru | ue, correct ar | d complete. | |
| Signature of Treasurer Ms. A | Robin Hillier | | [Electronically] | Filed] [| Date 05 | M / D D D | 2016 |
| NOTE: Submission of false, errone | eous, or incomplete | information may su | ubject the perso | on signing t | nis Report to | he penalties | of 2 U.S.C. §437g. |
| Office Use Only | | | | | | 1 | FORM 3X . 12/2004 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 04 01 2016 To: 04 30 2016

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | |
|-----|--|-------------------------|-----------------------------------|--|--|--|
| 6. | (a) Cash on Hand January 1, 2016 | | 170806.91 | | | |
| | (b) Cash on Hand at Beginning of Reporting Period | 181131.07 | | | | |
| | (c) Total Receipts (from Line 19) | 50391.33 | 268356.87 | | | |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 231522.40 | 439163.78 | | | |
| 7. | Total Disbursements (from Line 31) | 48864.53 | 256505.91 | | | |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 182657.87 | 182657.87 | | | |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | |

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

| American Health Care Association Political Action Committee | merican | Health | Care As | ssociation | Political | Action | Committee |
|---|---------|--------|---------|------------|-----------|--------|-----------|
|---|---------|--------|---------|------------|-----------|--------|-----------|

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|---|
| Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | | |
| (i) Itemized (use Schedule A) | 48541.16 | 254087.15 |
| (ii) Unitemized | 1850.17 | 8269.72 |
| (iii) TOTAL (add | | , , , , |
| Lines 11(a)(i) and (ii) | 50391.33 | 262356.87 |
| () () | | |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 5000.00 |
| (such as PACs) | 0.00 | 3000:00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | 50391.33 | 267356.87 |
| Totals to Line 33, page 5) Transfers From Affiliated/Other | 30031.33 | 7 7 7 |
| Party Committees | 0.00 | 0.00 |
| rany communees | 0.00 | 7 7 |
| . All Loans Received | 0.00 | 0.00 |
| _ | | 7 |
| Loan Repayments Received | 0.00 | 0.00 |
| Offsets To Operating Expenditures | 7 | 7 |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| . Refunds of Contributions Made | | , |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 0.00 | 1000.00 |
| Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account | 0.00 | 2.22 |
| (from Schedule H3) | 0.00 | 0.00 |
| (1) Le 12 Feel (1) (1) (2) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| (b) Total Hariotoro (dad To(d) dila To(b)). | | |
| . Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 50391.33 | 268356.87 |
| . Total Federal Receipts | | |
| . Total I odoral Hoodipto | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| | II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|----------|---|----------------------------|-----------------------------------|
| | perating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | Carriaga Toda to Bato |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| (b | | | |
| (- | Expenditures | 864.53 | 4313.54 |
| (0 | (add 21(a)(i), (a)(ii), and (b))▶ | 864.53 | 4313.54 |
| 22. T | ransfers to Affiliated/Other Party | 0.00 | 0.00 |
| | ommitteesontributions to | 0.00 | 0.00 |
| F a | ederal Candidates/Committees nd Other Political Committees | 48000.00 | 247000.00 |
| | dependent Expenditures | 0.00 | 0.00 |
| 25. C | ise Schedule E)oordinated Party Expenditures | 0.00 | 0.00 |
| (2 (L | 2 U.S.C. §441a(d)) ise Schedule F) | 0.00 | 0.00 |
| ne i | oon Donoumente Made | 0.00 | 0.00 |
| 6. L | oan Repayments Made | oleg . | 0.00 |
| 27. L | oans Madeefunds of Contributions To: | 0.00 | 0.00 |
| | ndividuals/Persons Other Than Political Committees | 0.00 | 5192.37 |
| | That I dilical committees | | |
| (b | í | 0.00 | 0.00 |
| (0 | c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (- | Total Contribution Refunds | | |
| (0 | (add Lines 28(a), (b), and (c))▶ | 0.00 | 5192.37 |
| | | | 0.00 |
| 29. O | ther Disbursements | 0.00 | 0.00 |
| | ederal Election Activity (2 U.S.C. §431(20)) | | |
| (a | a) Allocated Federal Election Activity (from Schedule H6) | | |
| | (i) Federal Share | 0.00 | 0.00 |
| | (") III - : II OI - : | 0.00 | 0.00 |
| (h | (ii) "Levin" Share b) Federal Election Activity Paid Entirely | 0.00 | 0.00 |
| ,~ | With Federal Funds | 0.00 | 0.00 |
| (c | c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶ | 0.00 | 0.00 |
| | ====================================== | | |
| | otal Disbursements (add Lines 21(c), 22, | | |
| 2 | 3, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 48864.53 | 256505.91 |
| | otal Federal Disbursements | | |
| | subtract Line 21(a)(ii) and Line 30(a)(ii) | 48864.53 | 050505.04 |
| 111 | om Line 31) | 40004.33 | 256505.91 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 50391.33 | 267356.87 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 5192.37 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 50391.33 | 262164.50 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 864.53 | 4313.54 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | 864.53 | 4313.54 |

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
|--|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the | | |
| NAME OF COMMITTEE (In Full) American Health Care Associa | tion Political Action Committee | |
| Full Name (Last, First, Middle Initial) Martin Allen Mailing Address 333 N. Summit Street City Toledo FEC ID number of contributing federal political committee. Name of Employer HCR ManorCare Receipt For: Primary General Other (specify) | State Zip Code OH 43614 C Occupation Vice President Aggregate Year-to-Date ▼ 400.00 | Date of Receipt 04 |
| Full Name (Last, First, Middle Initial) Alan Anderson Mailing Address 17 N. La Senda Drive City Laguna Beach FEC ID number of contributing federal political committee. Name of Employer South Coast Healthcare Management Receipt For: Primary General Other (specify) | State Zip Code CA 92651 C Occupation President Aggregate Year-to-Date ▼ | Date of Receipt M M M / 29 2016 Transaction ID : C3304941 Amount of Each Receipt this Period 1000.00 Memo Item |
| Full Name (Last, First, Middle Initial) Tonya Arnold Mailing Address 1195 Puryears Bend Rd. City Hartsville FEC ID number of contributing federal political committee. Name of Employer Quality Care Receipt For: Primary General Other (specify) | State Zip Code TN 37074 C Occupation Data Processing Aggregate Year-to-Date ▼ | Date of Receipt 04 |
| SUBTOTAL of Receipts This Page (optional) | | 2100.00 |
| TOTAL This Period (last page this line number | r only) | |

| | FOF | R LINE | NU | MBER | : | PAGE | 7 | OF | 37 |
|--|------|---------|----|-------------|---|------|----|-----|----|
| Use separate schedule(s) | (che | ck only | or | ne) | | | | | |
| for each category of the Detailed Summary Page | × | 11a | | 11b | | 11c | 12 | | |
| | | 13 | | 14 | | 15 | 16 | ; [| 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) William Biggs Date of Receipt Mailing Address 8 Justice Lane 04 2016 18 City State Zip Code Transaction ID: C3301008 SC Anderson 29621 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer Occupation **HMR Veterans Services** CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Linda Black-Kurek Date of Receipt Mailing Address 4336 West Franklin St 04 22 2016 City State Zip Code Transaction ID: C3301023 Bellbrook OH 45305 Amount of Each Receipt this Period FEC ID number of contributing 208.00 federal political committee. Memo Item Name of Employer Occupation Liberty Health Care Corp President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 833.00 Full Name (Last, First, Middle Initial) **c.** Al Braswell Date of Receipt Mailing Address 3674 Pacific Ave. 2016 04 29 Zip Code City State Transaction ID: C3304898

| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |
|--|----------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional) | | 7708.00 |
| TOTAL This Period (last page this line number | only) | |

92509

CA

Occupation President

C

Riverside

FEC ID number of contributing

federal political committee.

Name of Employer

Vista Pacifica

2500.00

Amount of Each Receipt this Period

Memo Item

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a |
|--|--------------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the | | | |
| NAME OF COMMITTEE (In Full) American Health Care Associa | tion Politic | cal Action Committee | |
| Full Name (Last, First, Middle Initial) Douglas Burr Mailing Address 11851 Wilde Run Court City Roswell FEC ID number of contributing federal political committee. Name of Employer Health Care Navigator LLC Receipt For: Primary General Other (specify) | | Zip Code 30075 e, Reimb & Gov't Relations Year-to-Date ▼ | Date of Receipt O4 |
| Full Name (Last, First, Middle Initial) Kenneth Daily Mailing Address 3608 Bethany Ct. City Dayton FEC ID number of contributing federal political committee. Name of Employer Elder Care Systems Group Receipt For: Primary General Other (specify) | | Zip Code 45415 Care Consultant Year-to-Date ▼ 250.00 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) Laurence Daspit Mailing Address 22 Sterling Dale Place City The Woodlands FEC ID number of contributing federal political committee. Name of Employer Senior Care Centers Receipt For: Primary General Other (specify) | State TX C Occupation CFO Aggregate | Zip Code 77382 Year-to-Date ▼ | Date of Receipt 04 25 2016 Transaction ID: C3304865 Amount of Each Receipt this Period 500.00 Memo Item |
| SUBTOTAL of Receipts This Page (optional) | | | 1125.00 |
| TOTAL This Period (last page this line number | r only) | | |

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
|--|---|---|
| Any information copied from such Reports and State or for commercial purposes, other than using the na | | |
| NAME OF COMMITTEE (In Full) American Health Care Association | Political Action Committee | |
| Name of Employer Lane Powell PC Receipt For: Primary Other (specify) Other (specify) | State Zip Code WA 98116 C ccupation ttorney ggregate Year-to-Date ▼ | Date of Receipt O4 O2 2016 Transaction ID: C3289391 Amount of Each Receipt this Period 500.00 Memo Item |
| Name of Employer Americasbank Corp. CI | State Zip Code MD 21210 C ccupation nairman ggregate Year-to-Date ▼ | Date of Receipt O4 |
| Name of Employer Vetter Health Services C C C C C C C C C C C C C | State Zip Code NE 68022 C ccupation hief Development Officer ggregate Year-to-Date ▼ | Date of Receipt 04 28 2016 Transaction ID: C3304847 Amount of Each Receipt this Period 1000.00 Memo Item |
| SUBTOTAL of Receipts This Page (optional) | | 6500.00 |
| TOTAL This Period (last page this line number only | ·) | |

| | FOR LINE NUMBER: PAGE | 10 OF 37 |
|--|-------------------------|----------|
| Use separate schedule(s) | (check only one) | |
| for each category of the Detailed Summary Page | X 11a 11b 11c | 12 |
| _ common common, conge | 13 14 15 | 16 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) David Gifford Date of Receipt Mailing Address 81 Kenyon Ave. 04 2016 22 City State Zip Code Transaction ID: C3301013 RΙ East Greenwich 02818-2905 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation Sr Vp, Quality & Regulatory Affairs American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Gerald Hamilton Date of Receipt Mailing Address 6000 Whiteman Dr NW 2016 04 04 City State Zip Code Transaction ID: C3289427 NM Albuquerque 87120-2195 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation **R&G** Healthcare Management Owner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Genevieve Hillis Date of Receipt Mailing Address 6767 N Industrial Rd 2016 04 18 City Zip Code State Transaction ID: C3301010

5000.00

53223

Government Relations Representative

Aggregate Year-to-Date ▼

WI

С

Occupation

Milwaukee

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Direct Supply Inc.
Receipt For:

Primary

5000.00

Amount of Each Receipt this Period

Memo Item

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one)

| I E | MIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | | |
|-----|---|-------------------------|---|--|--|--|--|--|
| | information copied from such Reports and Star commercial purposes, other than using the | | | rson for the purpose of soliciting contributions to solicit contributions from such committee. | | | | |
| \ | AME OF COMMITTEE (In Full) American Health Care Association | on Politic | cal Action Committee | | | | | |
| 4F | ull Name (Last, First, Middle Initial) Robert Hillis | | | Date of Receipt | | | | |
| _ | lailing Address 6767 N Industrial Rd | State | Zip Code | 04 18 2016 Transaction ID : C3301009 | | | | |
| _N | Ailwaukee | WI | 53223 | Amount of Each Receipt this Period | | | | |
| | EC ID number of contributing ederal political committee. | С | | 5000.00 | | | | |
| | ame of Employer irect Supply Inc. | Occupation CEO | | Memo Item | | | | |
| R | eceipt For: | Aggregate | Year-to-Date ▼ | | | | | |
| | Primary General Other (specify) ▼ | | 5000.00 | | | | | |
| | ull Name (Last, First, Middle Initial) Stacey Hord | | | Date of Receipt | | | | |
| _ | lailing Address 730 Dodge Lane | | | 04 12 2016 | | | | |
| | ity Sadsden | State AL | Zip Code 35904 | Transaction ID : C3292158 Amount of Each Receipt this Period | | | | |
| | EC ID number of contributing ederal political committee. | С | | 1000.00 | | | | |
| S | ame of Employer avaSeniorCare Consulting, LLC | Occupation VP of Qualit | ty Management | Memo Item | | | | |
| R | eceipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | | | | | |
| | ull Name (Last, First, Middle Initial) Karen Hyatt | | | Date of Receipt | | | | |
| _ | lailing Address 5102 Scenic Dr | 0::: | 7.0.1 | 04 19 2016 | | | | |
| | ity ⁄akima | State WA | Zip Code 98908-2229 | Transaction ID : C3301012 Amount of Each Receipt this Period | | | | |
| | EC ID number of contributing ederal political committee. | С | | 250.00 | | | | |
| N | ame of Employer | Occupation | | Memo Item | | | | |
| | lyatt Corporation | Vice Presid | ent | | | | | |
| K | eceipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | |
| | Other (specify) ▼ | | 250.00 | | | | | |
| SUI | BTOTAL of Receipts This Page (optional) | | > | 6250.00 | | | | |
| тот | TAL This Period (last page this line number o | nly) | > | | | | | |

FOR LINE NUMBER: PAGE 12 OF

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | (check only one) X 11a |
|---|--|--|
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| NAME OF COMMITTEE (In Full) American Health Care Associati | on Political Action Committee | |
| Full Name (Last, First, Middle Initial) Jeanne C. Jaeckels Mailing Address 12120 24th Street City Clear Lake FEC ID number of contributing federal political committee. Name of Employer Tealwood Senior Living Receipt For: Primary General Other (specify) | State Zip Code MN 55319 C Occupation Director of Development Aggregate Year-to-Date ▼ 600.00 | Date of Receipt 04 19 2016 Transaction ID: C3297445 Amount of Each Receipt this Period 300.00 Memo Item |
| Full Name (Last, First, Middle Initial) Elizabeth Johnson Mailing Address 9403 Mill Brook Road City Louisville FEC ID number of contributing federal political committee. Name of Employer KY Assoc of Health Care Facilities Receipt For: Primary General Other (specify) | State Zip Code KY 40223 C Occupation President Aggregate Year-to-Date ▼ 500.00 | Date of Receipt 04 18 2016 Transaction ID : C3296804 Amount of Each Receipt this Period 250.00 Memo Item |
| Full Name (Last, First, Middle Initial) Howard Lipschutz Mailing Address 1304 Laurel Oak Rd City Voorhees FEC ID number of contributing federal political committee. Name of Employer Voorhees Receipt For: Primary General Other (specify) | State Zip Code NJ 08043-4310 C Occupation Principal Aggregate Year-to-Date ▼ | Date of Receipt 04 22 2016 Transaction ID : C3304859 Amount of Each Receipt this Period 1000.00 Memo Item |
| SUBTOTAL of Receipts This Page (optional) | • | 1550.00 |
| TOTAL This Period (last page this line number of | only) | |

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
|--|--|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the | | |
| NAME OF COMMITTEE (In Full) American Health Care Association | on Political Action Committee | |
| Full Name (Last, First, Middle Initial) Nicholas J. Lynn Mailing Address 190 S. LaSalle Street Suite 3700 City Chicago FEC ID number of contributing federal political committee. Name of Employer Duane Morris LLP Receipt For: Primary General Other (specify) | State Zip Code IL 60603 C Occupation Attorney Aggregate Year-to-Date ▼ | Date of Receipt O4 25 2016 Transaction ID : C3304867 Amount of Each Receipt this Period 250.00 Memo Item |
| Full Name (Last, First, Middle Initial) Marcus Naquin Mailing Address 1702 South Elm Street City Hammond FEC ID number of contributing federal political committee. Name of Employer Hammond Nursing Home Receipt For: Primary General Other (specify) | State Zip Code LA 70403 C Occupation Owner Aggregate Year-to-Date ▼ 500.00 | Date of Receipt O4 27 2016 Transaction ID: C3303234 Amount of Each Receipt this Period 250.00 Memo Item |
| Full Name (Last, First, Middle Initial) Kathleen A. Pajor Mailing Address 618 Old Clinton Road City Westbrook FEC ID number of contributing federal political committee. Name of Employer Health Care Visions, Inc dba Beechwood Receipt For: Primary General Other (specify) | State Zip Code CT 06498 C Occupation President Aggregate Year-to-Date ▼ 250.00 | Date of Receipt O4 |
| SUBTOTAL of Receipts This Page (optional) |] | 750.00 |
| TOTAL This Period (last page this line number of | only) | |

| | FOF | R LINE | NU | MBER | : | PAGE | _ ′ | 14 OF | = | 37 |
|--|------|------------------|----|------|---|------|-----|-------|---|----|
| Use separate schedule(s) | (che | (check only one) | | | | | | | | |
| for each category of the Detailed Summary Page | × | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Clifton Porter Date of Receipt Mailing Address 3929 Azalea Court 04 25 2016 City State Zip Code Transaction ID: C3304886 OH Maumee 43537 Amount of Each Receipt this Period FEC ID number of contributing C 416.66 federal political committee. Memo Item Name of Employer Occupation **SVP Government Relations** American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$208.33 Bi-Weekly 849.28 Other (specify) Full Name (Last, First, Middle Initial) B. Denise T. Pozderac Date of Receipt Mailing Address 6750 Grafton Rd 04 25 2016 City State Zip Code Transaction ID: C3302560 OH 44280-9705 Valley City Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Transitional Living Centers Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) **c.** Greg Sarver Date of Receipt Mailing Address 115 Brook Dr. 2016 04 25 City State Zip Code Transaction ID: C3304866 LA Crowley 70526 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Occupation Name of Employer Amelia Manor Nursing Home Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9

1166.66

FOR LINE NUMBER: PAGE 15 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Philip Scalo Date of Receipt Mailing Address 100 N. County Line Road 04 2016 29 City State Zip Code Transaction ID: C3304899 Jackson NJ 08527-1264 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Memo Item Name of Employer Occupation President & CEO **Bartley Healthcare** Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Scharfenberger Date of Receipt Mailing Address 7265 Kenwood Road # 300 04 29 2016 City State Zip Code Transaction ID: C3304940 OH 45236-4414 Cincinnati Amount of Each Receipt this Period FEC ID number of contributing 187.50 federal political committee. Memo Item Name of Employer Occupation **Nursing Care Management Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375,00 Full Name (Last, First, Middle Initial) c. Floyd Schlossberg Date of Receipt Mailing Address 4200 W Peterson Ave 2016 04 28 # 140 City State Zip Code Transaction ID: C3304896 IL Chicago 60646-6819 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Memo Item Name of Employer Occupation President Alden Management Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 2687.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 16 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 17 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) SSWL, LLC Date of Receipt Mailing Address DBA Bamboo Castle Consulting 2015 South Emerson St. 04 05 2016 City Zip Code State Transaction ID: C3289837 CO Denver 80210 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sarah C. Schumann Date of Receipt Mailing Address 2015 S. Emerson Street 04 05 2016 City State Zip Code Transaction ID: C3289838 CO Denver 80210 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. × Memo Item Name of Employer Occupation Brookside Inn Vice President of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. QL Uptown Health Care Center LLC Date of Receipt Mailing Address 745 East 18th Avenue 2016 04 11 City State Zip Code Transaction ID: C3300976 CO Denver 80203 Amount of Each Receipt this Period FEC ID number of contributing С 142.50 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 142.50 Other (specify) 5142.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 18 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jay Moskowitz Date of Receipt Mailing Address 12136 West Bayard Avenue Suite 200 04 2016 City State Zip Code Transaction ID: C3300977 CO Lakewood 80228 Amount of Each Receipt this Period FEC ID number of contributing C 142.50 federal political committee. × Memo Item Name of Employer Occupation CEO Vivage Receipt For: Aggregate Year-to-Date ▼ Primary General 1140.00 Other (specify) Full Name (Last, First, Middle Initial) B. QL Harmony Pointe Nursing Center LLC Date of Receipt Mailing Address 1655 Yarrow Street 04 2016 11 City State Zip Code Transaction ID: C3300978 CO Lakewood 80214 Amount of Each Receipt this Period FEC ID number of contributing 142.50 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized Other (specify) 142.50 Full Name (Last, First, Middle Initial) Jay Moskowitz Date of Receipt Mailing Address 12136 West Bayard Avenue 2016 04 11 Suite 200 City State Zip Code Transaction ID: C3300979 CO Lakewood 80228 Amount of Each Receipt this Period FEC ID number of contributing С 142.50 federal political committee. × Memo Item Name of Employer Occupation CEO Vivage Receipt For: Aggregate Year-to-Date ▼ Primary General 1140.00 Other (specify) 142.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

37

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) QL Allison Care Center LLC Date of Receipt Mailing Address 1660 Allison Street 04 2016 City Zip Code State Transaction ID: C3300980 CO Lakewood 80214 Amount of Each Receipt this Period FEC ID number of contributing C 142.50 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 142.50 Other (specify) Full Name (Last, First, Middle Initial) B. Jay Moskowitz Date of Receipt Mailing Address 12136 West Bayard Avenue Suite 200 04 2016 11 City State Zip Code Transaction ID: C3300981 CO Lakewood 80228 Amount of Each Receipt this Period FEC ID number of contributing 142.50 federal political committee. ✗ Memo Item Name of Employer Occupation Vivage CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1140.00 Full Name (Last, First, Middle Initial) c. Highline Rehabilitation & Care Community Date of Receipt Mailing Address 8060 E Iliff Ave 2016 04 11 City State Zip Code Transaction ID: C3300982 CO Denver 80231-5317 Amount of Each Receipt this Period FEC ID number of contributing С 142.50 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 142.50 Other (specify) 285.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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| for each category of the Detailed Summary Page | | × | 11a | | 11b | | 11c | | 12 | | |
| | | | 13 | | 14 | | 15 | | 16 | | 17 |

| or for commercial purposes, other than using the | atements may not be sold or used by any personame and address of any political committee to | |
|---|---|---|
| NAME OF COMMITTEE (In Full) | on Dellate et Austre Commission | |
| American Health Care Association | on Political Action Committee | |
| Full Name (Last, First, Middle Initial) John D Brammeier | | Date of Receipt |
| Mailing Address 32 Desert Willow Lane | | 04 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID : C3300983 |
| Littleton | CO 80127 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 142.50 |
| Name of Employer | Occupation | x Memo Item |
| Vivage | Chief Financial Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1425.00 | * |
| Full Name (Last, First, Middle Initial) 3. QL Cambridge Care Center, LLC | | Date of Receipt |
| Mailing Address 1685 Eaton St | _ | 04 11 2016 |
| City | State Zip Code | Transaction ID : C3300984 |
| Lakewood | CO 80214 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 142.50 |
| Name of Employer | Occupation | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 142.50 | PARTNERSHIPpartners below if itemized |
| Full Name (Last, First, Middle Initial) C. John D Brammeier | | Date of Receipt |
| Mailing Address 32 Desert Willow Lane | | 04 11 2016 _ |
| City | State Zip Code | Transaction ID: C3300985 |
| Littleton | CO 80127 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 142.50 |
| Name of Employer | Occupation | X Memo Item |
| Vivage | Chief Financial Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1425.00 | * |
| SUBTOTAL of Receipts This Page (optional) | | 142.50 |
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FOR LINE NUMBER: PAGE 21 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Eagle Ridge, LLC dba Eagle Ridge of Grand Valley Date of Receipt Mailing Address 2425 Teller Ave 04 2016 City State Zip Code Transaction ID: C3300986 CO **Grand Junction** 81501 Amount of Each Receipt this Period FEC ID number of contributing C 142.50 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 142.50 Other (specify) Full Name (Last, First, Middle Initial) B. John D Brammeier Date of Receipt Mailing Address 32 Desert Willow Lane 04 2016 11 City State Zip Code Transaction ID: C3300987 CO Littleton 80127 Amount of Each Receipt this Period FEC ID number of contributing 142.50 federal political committee. × Memo Item Name of Employer Occupation Vivage Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1425.00 Full Name (Last, First, Middle Initial) c. Camellia Rehabilitation & Care Community Date of Receipt Mailing Address 500 Geneva Street 2016 04 11 City State Zip Code Transaction ID: C3300988 CO Aurora 80010 Amount of Each Receipt this Period FEC ID number of contributing С 142.50 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 142.50 Other (specify) 285.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | | or each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and Sta or for commercial purposes, other than using the | | | |
| NAME OF COMMITTEE (In Full) American Health Care Association | on Political | Action Committee | |
| Full Name (Last, First, Middle Initial) Jay Moskowitz Mailing Address 12136 West Bayard Avenue Suite 200 City Lakewood FEC ID number of contributing federal political committee. Name of Employer Vivage Receipt For: Primary General Other (specify) | State CO C Occupation CEO Aggregate Yea | Zip Code 80228 r-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Fairacres Manor Mailing Address 1700 18th Avenue City Greeley FEC ID number of contributing federal political committee. Name of Employer | State CO | Zip Code 80631 | Date of Receipt 04 11 2016 Transaction ID : C3300990 Amount of Each Receipt this Period 142.50 Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | r-to-Date ▼ 142.50 | PARTNERSHIPpartners below if itemized |
| Full Name (Last, First, Middle Initial) Jay Moskowitz Mailing Address 12136 West Bayard Avenue Suite 200 City Lakewood FEC ID number of contributing federal political committee. Name of Employer Vivage Receipt For: Primary General Other (specify) | State CO C Occupation CEO Aggregate Yea | Zip Code 80228 r-to-Date ▼ | Date of Receipt M M / 11 2016 Transaction ID : C3300991 Amount of Each Receipt this Period 142.50 X Memo Item |
| SUBTOTAL of Receipts This Page (optional) | | ····· | 142.50 |

FOR LINE NUMBER: PAGE 23 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Cypress Care Communities Date of Receipt Mailing Address 12136 W. Bayaud Ave. Suite 200 04 2016 City State Zip Code Transaction ID: C3300994 CO Lakewood 80228 Amount of Each Receipt this Period FEC ID number of contributing C 855.00 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 855.00 Other (specify) Full Name (Last, First, Middle Initial) B. John D Brammeier Date of Receipt Mailing Address 32 Desert Willow Lane 04 2016 11 City State Zip Code Transaction ID: C3300995 CO Littleton 80127 Amount of Each Receipt this Period FEC ID number of contributing 855.00 federal political committee. × Memo Item Name of Employer Occupation Vivage Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1425.00 Full Name (Last, First, Middle Initial) c. Aspen Care Community, LLC Date of Receipt Mailing Address 3105 W Arkansas Ave 2016 04 11 Zip Code City State Transaction ID: C3300998 CO Denver 80219-4004 Amount of Each Receipt this Period FEC ID number of contributing С 142.50 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 142.50 Other (specify) 997.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | | |
|--|--------------------------------|---------------------------------------|
| NAME OF COMMITTEE (In Full) | | |
| American Health Care Associat | ion Political Action Committee | |
| Full Name (Last, First, Middle Initial) John D Brammeier | | Date of Receipt |
| Mailing Address 32 Desert Willow Lane | | 04 11 2016 |
| City | State Zip Code | Transaction ID : C3300999 |
| Littleton | CO 80127 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 142.50 |
| Name of Employer | Occupation | x Memo Item |
| Vivage | Chief Financial Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | * |
| Other (specify) ▼ | 1425.00 | |
| Full Name (Last Eight Middle Letter) | | |
| Full Name (Last, First, Middle Initial) Colorow | | Date of Receipt |
| Mailing Address PO Box 710 | | M = M / D = D / Y = Y = Y |
| City | State Zip Code | 04 11 2016 |
| Olathe | CO 81425 | Transaction ID : C3301000 |
| | 01420 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 142.50 |
| · | | Mama Itam |
| Name of Employer | Occupation | Memo Item |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | , 142.50 | PARTNERSHIPpartners below if itemized |
| Full Name (Last, First, Middle Initial) Jay Moskowitz | | Date of Receipt |
| Mailing Address 12136 West Bayard Avenue | | M = M / D = D / Y = Y = Y |
| Suite 200 | | 04 11 2016 |
| City | State Zip Code | Transaction ID: C3301001 |
| Lakewood | CO 80228 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 142.50 |
| Name of Employer | Occupation | X Memo Item |
| Vivage | CEO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | * |
| Other (specify) | 1140.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 142.50 |
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| TOTAL This Period (last page this line number | only) | 7 |

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one)

| I EMIZ | ZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| | erican Health Care Association | on Politic | cal Action Committee | |
| A. Holl Mailin City Holly FEC I federa Name | ID number of contributing all political committee. For interest of the political committee. For interest of the political committee. For interest of the political committee. General of the political committee. | State CO C Occupation Aggregate | Zip Code 81047 Year-to-Date ▼ | Date of Receipt 04 11 2016 Transaction ID: C3301004 Amount of Each Receipt this Period 142.50 Memo Item PARTNERSHIPpartners below if itemized |
| Mailin City Lakev FEC I federa Name Vivage | ID number of contributing al political committee. | State CO C Occupation CEO Aggregate | Zip Code 80228 Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| C. Wh Mailin City Whea FEC I federa Name | lame (Last, First, Middle Initial) eatridge Manor Care Center g Address 2920 Fenton Street at Ridge ID number of contributing al political committee. e of Employer pt For: Primary General Other (specify) Other (specify) | State CO C Occupation Aggregate | Zip Code 80214 Year-to-Date ▼ | Date of Receipt M M J 2016 Transaction ID: C3301006 Amount of Each Receipt this Period 142.50 Memo Item PARTNERSHIPpartners below if itemized |
| SUBTO | TAL of Receipts This Page (optional) | | ····· | 285.00 |
| TOTAL | This Period (last page this line number o | nly) | ····· | |

FOR LINE NUMBER: PAGE 26 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 27 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Millenium Health Systems LLC dba Nuvision Management Date of Receipt Mailing Address 5310 NW 33rd Ave Ste 211 04 2016 27 City State Zip Code Transaction ID: C3304892 FL 33309-6319 Fort Lauderdale Amount of Each Receipt this Period FEC ID number of contributing C 639.00 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 639.00 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew S Weisman Date of Receipt Mailing Address 5310 NW 35th Ave Ste 211 04 27 2016 City State Zip Code Transaction ID: C3304893 FL Fort Lauderdale 33309-6314 Amount of Each Receipt this Period FEC ID number of contributing 639.00 federal political committee. ✗ Memo Item Name of Employer Occupation **NuVision Management** Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 639,00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 639.00 SUBTOTAL of Receipts This Page (optional)..... 48541.16 TOTAL This Period (last page this line number only).....

| | EMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | X 21b | one) 22 23 24 25 26 |
|------------|--|---|-------------------|---|
| Ar | y information copied from such Reports and Statem | , , | sed by any person | 28a 28b 28c 29 30b on for the purpose of soliciting contributions |
| or | for commercial purposes, other than using the name | ne and address of any politi | cal committee to | solicit contributions from such committee. |
| \rangle | American Health Care Association | Political Action Cor | mmittee | |
| ۵. | Full Name (Last, First, Middle Initial) American Express | | | Date of Disbursement |
| | Mailing Address PO Box 53773 | | | 04 05 2016 |
| | City S Phoenix | State Zip Code AZ 85072-3773 | | Transaction ID : D173361 |
| | Purpose of Disbursement Credit Card Processing Fees Candidate Name | | | Amount of Each Disbursement this Period |
| | Office Sought: House Disbursem | nent For: | Category/ Type | 348.80 Memo Item |
| | Senate | Primary General Other (specify) ▼ | | Wello Relli |
| _ | Full Name (Last, First, Middle Initial) | | | D : (D:) |
| 3 . | BB&T Merchant Services | | | Date of Disbursement |
| | Mailing Address PO Box 200 | | | 04 15 2016 |
| | , | State Zip Code NC 27894-0200 | | Transaction ID: D173362 |
| | Credit Card Processing Fees | | | Amount of Each Disbursement this Period |
| | Candidate Name | | Category/ Type | 360.05 |
| | President | nent For: Primary General Other (specify) | | Memo Item |
| | State: District: Full Name (Last, First, Middle Initial) | | | |
| Э. | BB&T | | | Date of Disbursement |
| | Mailing Address 1099 New York Ave NW Ste 100 | | | 04 21 2016 |
| | Washington | State Zip Code DC 20001-4452 | | Transaction ID : D173363 |
| | Purpose of Disbursement Bank Fees | | · · · | Amount of Each Disbursement this Period |
| | Candidate Name | | Category/ Type | 155.68 |
| | | nent For: Primary General Other (specify) | . 180 | Memo Item |
| - | UBTOTAL of Disbursements This Page (optional) | | | 864.53 |
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| SCHEDULE B (FEC Form 3X) | Lies concrete cabadula(a) TOTE LINE NOMBETT. | | | | | |
|---|---|---|--|--|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | (check only 21b 27 | one) 22 X 23 24 25 26 28a 28b 28c 29 30l | | | |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | |
| NAME OF COMMITTEE (In Full) American Health Care Association I | Political Action Com | nmittee | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| A. BLUE HEN PAC | | | Date of Disbursement | | | |
| Mailing Address PO BOX 15293 | | | 04 04 2016 | | | |
| Washington | tate Zip Code DC 20003 | | Transaction ID : D172162 | | | |
| Purpose of Disbursement Contribution | | | Amount of Each Disbursement this Period | | | |
| Candidate Name | | Category/ Type | 1000.00 | | | |
| | ent For: Primary General Other (specify) | | Memo Item | | | |
| State: District: | | | | | | |
| Full Name (Last, First, Middle Initial) B. Bluegrass Committee | | | Date of Disbursement | | | |
| Mailing Address 400 N Capitol St NW #585 | | | 04 18 2016 | | | |
| Washington | tate Zip Code DC 20001 | | Transaction ID : D172454 | | | |
| Purpose of Disbursement Contribution | | | Amount of Each Disbursement this Period | | | |
| Candidate Name | | Category/ Type | 2500.00 | | | |
| | ent For: Primary General Other (specify) ▼ | | Memo Item | | | |
| Full Name (Last, First, Middle Initial) C. Brian Fitzpatrick for Congress | Full Name (Last, First, Middle Initial) | | | | | |
| Mailing Address PO Box 939 | Mailing Address PO Box 939 | | | | | |
| , | tate Zip Code PA 19047 | | Transaction ID : D172161 | | | |
| Purpose of Disbursement Contribution Candidate Name | Category/ | Amount of Each Disbursement this Period | | | | |
| Senate Senate | ent For: 2016 Primary General Other (specify) ▼ | Туре | 2000.00 Memo Item | | | |
| SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only). | | | 5500.00 | | | |

| SCHEDULE B (FEC Form 3X) | | FOR LINE | |
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| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam | nents may not be sold or use ne and address of any political | ed by any perso | on for the purpose of soliciting contributions solicit contributions from such committee |
| NAME OF COMMITTEE (In Full) | and address of any pointed | | Sound Sommissions from Saon Sommission. |
| American Health Care Association | Political Action Com | mittee | |
| | | | |
| Full Name (Last, First, Middle Initial) | | | 2 |
| A. JOE KENNEDY FOR CONGRESS | | | Date of Disbursement |
| Mailing Address PO BOX 590464 | | | 04 11 2016 |
| a.iiig / 1001 000 FO DOA 000404 | | | 07 11 2010 |
| City | State Zip Code | | Transaction ID - D172202 |
| | MA 02459 | | Transaction ID : D172292 |
| Purpose of Disbursement Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | البيا | Amount of Each Dispursement this Period |
| Rep. Joseph P. Kennedy III | | Category/ Type | 2500.00 |
| | nent For: 2016 | .760 | Memo Item |
| | Primary Seneral | | |
| | Other (specify) ▼ | | |
| State: MA District: 04 | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Dichurcament |
| 3. Smucker for Congress | | | Date of Disbursement |
| Mailing Address 548 Steel Way | | | 04 11 2016 |
| PO Box 7066 | | | |
| | State Zip Code | | Transaction ID : D172285 |
| Lancaster Purpose of Disbursement | PA 17604 | | |
| Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | |
| Lloyd K Smucker | | Type | 2000.00 |
| | nent For: 2016 | | Memo Item |
| | Primary General | | _ |
| | Other (specify) ▼ | | |
| State: PA District: 16 Full Name (Last, First, Middle Initial) | | | |
| C- LOEBSACK FOR CONGRESS | | | Date of Disbursement |
| - LOLDOAGN I ON CONGINESS | | | M M / D D / Y Y Y Y |
| Mailing Address PO Box 3013 | | | 04 11 2016 |
| | | | |
| , | State Zip Code IA 52244 | | Transaction ID : D172293 |
| Iowa City Purpose of Disbursement | DZZ44 | | |
| Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | |
| Rep. Dave Loebsack | | Type | 2500.00 |
| | nent For: 2016 | | Memo Item |
| | Primary General | | |
| State: IA District: 02 | Other (specify) ▼ | | |
| State: IA District: 02 | | | |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 31 OF 37 |
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| TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | |
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| American Health Care Association | Political Action Con | nmittee | |
| | i olitical Action Con | mmuce | |
| Full Name (Last, First, Middle Initial) | | | |
| A. Lou Correa for Congress | | | Date of Disbursement |
| Mailing Address 420 N Twin Oaks Valley Rd | | | 04 18 2016 |
| #2229 | | | 04 10 2010 |
| City | State Zip Code | | Transaction ID : D172455 |
| | CA 92079 | | 11d115dCt(O)1 ID : D172455 |
| Purpose of Disbursement Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | | Amount of Each Dispursement this Period |
| Jose Luis Correa | | Category/ Type | 1000.00 |
| | nent For: 2016 | - 770 | Memo Item |
| Senate | Primary General | | |
| | Other (specify) ▼ | | |
| State: CA District: 46 | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Dishurasment |
| 3. KINZINGER FOR CONGRESS | | | Date of Disbursement |
| Mailing Address PO Box 1050 | | | 04 18 2016 |
| | | | 20,0 |
| , | State Zip Code | | Transaction ID : D172453 |
| Bourbonnais | IL 60914 | | |
| Purpose of Disbursement Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Cotomoral | A THOUSE OF EACH DISSUISMENT THE FETTOUR |
| Rep. Adam Kinzinger | | Category/ Type | 1000.00 |
| | nent For: 2016 | | Memo Item |
| Senate | Primary | | |
| | Other (specify) ▼ | | |
| State: IL District: 11 | | | |
| Full Name (Last, First, Middle Initial) | 10 | | Date of Disbursement |
| C. ANDY BARR FOR CONGRESS, IN | NC. | | |
| Mailing Address PO BOX 2059 | | | 04 18 2016 |
| | | | |
| | State Zip Code | | Transaction ID : D172459 |
| LEXINGTON Purpose of Disbursement | KY 40588 | | |
| Contribution | | | Amount of Each Dishurson and this Davied |
| Candidate Name | | Catagory' | Amount of Each Disbursement this Period |
| Rep. G. Andy Barr | | Category/ Type | 2500.00 |
| • | nent For: 2016 | | Memo Item |
| Senate | Primary General | | |
| President | Other (specify) ▼ | | |
| State: KY District: 06 | | | |
| | | | 4500.00 |
| SUBTOTAL of Disbursements This Page (optional) | | ·····• | 4300.00 |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 32 OF 37 |
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| TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | |
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| NAME OF COMMITTEE (In Full) | - I and addition of any pointed | 50 | 22 |
| American Health Care Association | Political Action Com | mittee | |
| / | | | |
| Full Name (Last, First, Middle Initial) | | | B (B) . |
| A. ANDY BARR FOR CONGRESS, IN | IC. | | Date of Disbursement |
| Mailing Address PO BOX 2059 | | | 04 25 2016 |
| City | tato Zin Codo | | |
| • | State Zip Code KY 40588 | | Transaction ID: D172578 |
| Purpose of Disbursement | .0000 | | |
| Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 1000.00 |
| Rep. G. Andy Barr | | Type | 1000.00 |
| | nent For: 2016 | | Memo Item |
| | Primary General Other (specify) ▼ | | |
| State: KY District: 06 | outor (opoolly) ▼ | | |
| Full Name (Last, First, Middle Initial) | | | |
| 3. ANDY HARRIS FOR CONGRESS | | | Date of Disbursement |
| | | | M M / D D / Y Y Y Y |
| Mailing Address PO BOX 1527 | | | 04 18 2016 |
| • | State Zip Code | | Transaction ID : D172452 |
| ANNAPOLIS Purpose of Disbursement | MD 21404 | | |
| Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | |
| Rep. ANDREW P HARRIS | | Type | 1500.00 |
| | nent For: 2016 | | Memo Item |
| | Primary General | | _ |
| | Other (specify) ▼ | | |
| | | | |
| Full Name (Last, First, Middle Initial) PEOPLE FOR BEN | | | Date of Disbursement |
| - I LOI LL I OIX DLIN | | | M M / D D / Y Y Y Y |
| Mailing Address PO BOX 31129 | | | 04 11 2016 |
| City | State Zip Code | | |
| • | NM 87594 | | Transaction ID : D172287 |
| Purpose of Disbursement | | | |
| Contribution | | [] | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 2500.00 |
| Rep. Ben Ray Lujan | and Fam. 65:5 | Type | 2500.00 |
| | nent For: 2016 | | Memo Item |
| | Primary | | |
| State: NM District: 03 | (op-only) ▼ | | |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 33 OF 37 |
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| TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | |
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| NAME OF COMMITTEE (In Full) | o and address of any pointed | | construction from each committee. |
| American Health Care Association | Political Action Com | mittaa | |
| American realin date Association | 1 Ollical Action Com | milloc | |
| Full Name (Last, First, Middle Initial) | | | |
| A. GUTHRIE FOR CONGRESS | | | Date of Disbursement |
| Mailing Address DO Day 0000 | | | 04 18 2016 |
| Mailing Address PO Box 9639 | | | 04 18 2016 |
| City | State Zip Code | | Transaction ID D470400 |
| 2011 | KY 42102 | | Transaction ID: D172460 |
| Purpose of Disbursement Contribution | | | |
| Candidate Name | | | Amount of Each Disbursement this Period |
| Rep. S. Brett Guthrie | | Category/ Type | 2500.00 |
| | nent For: 2016 | , ypc | Memo Item |
| | Primary General | | Memo item |
| President | Other (specify) ▼ | | |
| State: KY District: 02 | | | |
| Full Name (Last, First, Middle Initial) | | | 5. (5.) |
| BUTTERFIELD FOR CONGRESS | | | Date of Disbursement |
| Mailing Address PO Box 2571 | | | 04 11 2016 |
| ag / tea. 666 1 0 Box 25/1 | | | |
| , | State Zip Code | | Transaction ID : D172288 |
| | NC 27894 | | Transaction 12 1 2 11 2230 |
| Purpose of Disbursement Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Cata nam / | Amount of Each Biodulothicht this Foliot |
| G.K. Butterfield | | Category/ Type | 1500.00 |
| Office Sought: House Disbursem | nent For: 2016 | 7. | Memo Item |
| | Primary General | | |
| | Other (specify) ▼ | | |
| State: NC District: 01 | | | |
| Full Name (Last, First, Middle Initial) BUTTERFIELD FOR CONGRESS | | | Date of Disbursement |
| BUTTERFIELD FOR CONGRESS | | | M M / D D / Y Y Y Y |
| Mailing Address PO Box 2571 | | | 04 11 2016 |
| | | | |
| | State Zip Code | | Transaction ID : D172289 |
| Wilson Purpose of Disbursement | NC 27894 | | |
| Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | |
| G.K. Butterfield | | Type | 1000.00 |
| | nent For: 2016 | | Memo Item |
| | Primary General | | |
| State: NC District: 01 | Other (specify) ▼ | | |
| State. 140 District. U1 | | | |
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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | _ | FOR LINE NUMBER: PAGE 34 OF 37 | | |
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| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check only 21b 27 | one) 22 X 23 24 25 26 28a 28b 28c 29 30 | | |
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| NAME OF COMMITTEE (In Full) American Health Care Association | • | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| HAL ROGERS FOR CONGRESS Mailing Address P.O. BOX 1214 | | | Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Maining Address F.O. BOX 1214 | | | 04 10 2010 | | |
| , | State Zip Code KY 42502 | | Transaction ID : D172458 | | |
| Contribution | | | Amount of Each Disbursement this Period | | |
| Candidate Name Rep. Harold Rogers | | Category/ Type | 2500.00 | | |
| Office Sought: House Disbursem | nent For: 2016 Primary General Other (specify) | ,, | Memo Item | | |
| State: KY District: 05 Full Name (Last, First, Middle Initial) 3. JIM RENACCI FOR CONGRESS Mailing Address 150 Smokerise Drive | | | Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City | State Zip Code OH 44281 | | Transaction ID : D172577 | | |
| Purpose of Disbursement Contribution Candidate Name | OII 44201 | | Amount of Each Disbursement this Period | | |
| Rep. James B. Renacci Office Sought: House Senate Disbursem | nent For: 2016 Primary | Category/ Type | 2500.00 Memo Item | | |
| Full Name (Last, First, Middle Initial) - YARMUTH FOR CONGRESS | | | Date of Disbursement | | |
| Mailing Address 1819 BROWNSBORO ROAD | | | 04 18 2016 | | |
| , | State Zip Code KY 40202 | | Transaction ID : D172457 | | |
| Contribution Candidate Name | | | Amount of Each Disbursement this Period | | |
| Rep. John Yarmuth Office Sought: House Senate Disburser | nent For: 2016 Primary General Other (specify) | Category/ Type | 2500.00 Memo Item | | |
| | | | 7500.00 | | |
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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | - | DR LINE NUMBER: PAGE 35 OF 37 | |
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| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check only 21b 27 | one) 22 X 23 24 25 26 28a 28b 28c 29 30 | |
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| NAME OF COMMITTEE (In Full) | | | | |
| American Health Care Association | Political Action Cor | nmittee | | |
| Full Name (Last, First, Middle Initial) | | | Deta of Dishuranment | |
| A. CASTOR FOR CONGRESS | | | Date of Disbursement | |
| Mailing Address 301 W. Platt Street #385 | | | 04 11 2016 | |
| , | State Zip Code FL 33606 | | Transaction ID : D172291 | |
| Tampa Purpose of Disbursement | FL 33606 | | | |
| Contribution | | | Amount of Each Disbursement this Period | |
| Candidate Name | | Category/ | 2500.00 | |
| Rep. Kathy Castor Office Sought: House Disburser | ant For 2040 | Туре | | |
| | nent For: 2016 Primary General | | Memo Item | |
| | Other (specify) ▼ | | | |
| State: FL District: 14 | | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| KURT SCHRADER FOR CONGRE | :SS | | Date of Disbursement | |
| Mailing Address PO Box 3314 | | | 04 11 2016 | |
| • | State Zip Code OR 97045 | | Transaction ID : D172278 | |
| Purpose of Disbursement | OR 97045 | | | |
| Contribution | | | Amount of Each Disbursement this Period | |
| Candidate Name | | Category/ | 2500.00 | |
| Rep. Kurt Schrader Office Sought: House Disburser | nent For: 2016 | Type | Memo Item | |
| | Primary General | | Memo item | |
| President | Other (specify) ▼ | | | |
| State: OR District: 05 | | | | |
| Full Name (Last, First, Middle Initial) | | | Date of Disbursement | |
| PAT MEEHAN FOR CONGRESS | | | | |
| Mailing Address 50 S. Providence Road | | | 04 25 2016 | |
| City | State Zip Code | | Transaction ID D4705-7 | |
| Media | PA 19063 | | Transaction ID : D172575 | |
| Purpose of Disbursement Contribution | | | Amount of Each Disbursement this Period | |
| Candidate Name | | Category/ | | |
| Rep. Patrick Meehan | | Type | 1500.00 | |
| | nent For: 2016 | | Memo Item | |
| | Primary General Other (specify) | | | |
| State: PA District: 07 | (Specify) * | | | |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 36 OF 37 |
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| TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | |
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| American Health Care Association | Political Action Com | mittee | |
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| Full Name (Last, First, Middle Initial) | | | 5. (5) |
| A. HOYER FOR CONGRESS | | | Date of Disbursement |
| Mailing Address 700 13th Street, NW | | | 04 11 2016 |
| City | State Zip Code | | |
| Washington | DC 20005 | | Transaction ID : D172286 |
| Purpose of Disbursement | | | |
| Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 2500.00 |
| Rep. Steny H. Hoyer | | Type | 2000.00 |
| | nent For: 2016 | | Memo Item |
| | Primary General Other (specify) ▼ | | |
| State: MD District: 05 | Outlot (Specify) | | |
| Full Name (Last, First, Middle Initial) | | | |
| FRIENDS OF SUSAN BROOKS | | | Date of Disbursement |
| | | | M M / D D / Y Y Y Y |
| Mailing Address 9425 N MERIDIAN STREET | | | 04 25 2016 |
| • | State Zip Code | | Transaction ID : D172576 |
| INDIANAPOLIS Purpose of Disbursement | IN 46260 | | |
| Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name | | Cotogrami | Since of East, Biobardonion, this i chou |
| Rep. Susan W. Brooks | | Category/ Type | 1000.00 |
| | nent For: 2016 | | Memo Item |
| Senate | Primary General | | |
| | Other (specify) ▼ | | |
| State: IN District: 05 | | | |
| Full Name (Last, First, Middle Initial) | | | Data of Dichureament |
| BONAMICI FOR CONGRESS | | | Date of Disbursement |
| Mailing Address 2236 SE 10TH AVE | | | 04 18 2016 |
| City | State Zip Code | | |
| | OR 97214 | | Transaction ID : D172456 |
| Purpose of Disbursement | - | | |
| Contribution | | L II | Amount of Each Disbursement this Period |
| Candidate Name | | Category/ | 1000.00 |
| Rep. Suzanne Bonamici | Land Francisco | Type | 1000.00 |
| | nent For: 2016 | | Memo Item |
| President | Primary General Other (specify) ▼ | | |
| State: OR District: 01 | Carlot (opcony) | | |
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| NAME OF COMMITTEE (In Full) American Health Care Association | | | as four the management of a city title or a contribution |
| NAME OF COMMITTEE (In Full) American Health Care Association | to and address of any politica | al committee to | |
| Full Name (Last First Middle Initial) | Political Action Com | | COLOR COMMISSIONS HOME SUCH COMMISSION. |
| , | | | |
| TONY CARDENAS FOR CONGRESS | | | Date of Disbursement |
| Mailing Address 249 E. OCEAN BLVD. SUITE 685 | | | 04 11 2016 |
| LONG BEACH | State Zip Code CA 90802 | | Transaction ID : D172290 |
| Purpose of Disbursement Contribution | | | Amount of Each Disbursement this Period |
| Candidate Name Rep. Tony Cardenas | | Category/ Type | 2500.00 |
| Office Sought: House Disbursen Senate President | nent For: 2016 Primary General Other (specify) | , | Memo Item |
| State: CA District: 29 Full Name (Last, First, Middle Initial) | | | Date of Disbursement |
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| Mailing Address | | | |
| , | State Zip Code | | |
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| President | nent For: Primary General Other (specify) ▼ | ,, | Memo Item |
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